

**Hearing Date:** February 20, 2024

**Bill:** SB 167

**Position:** SUPPORT

This is a letter in **Support of HB 806/SB 167**.

I am a licensed Maryland physician assistant (PA), a faculty member of the PA Program of George Washington University School of Medicine & Health Sciences, and a recent (2020) past president of the PA Education Association (which represents all 306 PA programs within the United States). I am writing in support of updating the Maryland rules for the practicing PAs. As health care has recognized the quality, training, and capabilities of PAs, many states have removed unnecessary barriers. These barriers placed undue hardships on patients, physicians, and PAs. This bill will remove barriers, update and streamline how PAs practice in the state to provide more productive patient care.

I will provide a small overview of PA education. PAs are clinicians who have received rigorous academic and clinical training that prepares them to provide quality health care services in collaboration with other health care team members. PA training programs are accredited by the Accreditation Review Commission on the Education for the Physician Assistant (ARC-PA), which provides and maintains standards of quality for PA education. PA education has two phases, the didactic (classroom/lab) phase and the clinical phase. PA program didactic curriculum includes basic medical, behavioral, and social sciences. Specific topic areas include anatomy, physiology, pathophysiology, genetics, immunology, microbiology, and pharmacology. Our didactic clinical preparation has over 300 hours of clinical medicine, 130 hours of clinical decision-making, 60 hours of behavioral medicine, 100 hours of pharmacology, and 90 hours of technical skills and procedures training. In the clinical education phase students complete more than 2000 hours of clinical rotations in family medicine, internal medicine, psychiatry, surgery, obstetrics and gynecology, emergency medicine and other subspecialties. In this phase PA students get hands-on learning in clinical locations like hospitals, clinics, and private practices. PAs are trained by physicians and PAs. This prepares them to deliver health care services in collaboration with other clinicians and health care team members. They graduate equipped to care for patients of all ages by gathering patient histories and symptoms, performing physical examinations, ordering and interpreting laboratory/imaging tests, formulating diagnoses, developing and implementing treatment plans including prescribing medications. They are highly competent to provide quality collaborative care.

The current regulations are hurting the Maryland health care workforce. The current barriers for PAs within the state makes Maryland a less desirable place to work. PA students at George Washington University have clinical rotations across the Maryland, District of Columbia, and Virginia area. They compare what it takes to practice in each jurisdiction and are disappointed by such things as Maryland PAs inability to sign certain forms which can delay tests or treatments for patients. They are surprised by the idiosyncrasy of Maryland regulations requiring PAs to ask to be granted advanced privileges to perform procedures that they have learned in their basic training in PA school. Approximately one third of our students come from Maryland but many choose to

practice in DC or Virginia because they perceive regulations for PAs in those jurisdictions as more in synch with modern practice of medicine. Last year one of my graduating students from Maryland, a recipient of the National Health Service Corps Scholarship with an obligation to work in primary care, wanted to work for a Maryland federally qualified health center (FQHC). Unfortunately, the burden of the delegation agreement and advance privilege process either restrict or cause many practices to not utilize PAs. She was unable to find a community health center that hired PAs, even though we have a shortage of primary care providers. In other states PAs are employed in community health centers and in mental health settings. Today she works for an FQHC in Washington, DC.

HB 806/SB 167 - PA Modernization Act will allow Maryland to optimize the talents of its health care workforce through the effective use of PAs. It will enhance more efficient patient care, promote productive team care, and attract additional PAs to work and remain in the state. For these reasons, I support this bill.

Sincerely,

A handwritten signature in black ink, appearing to read "H. Straker", with a long horizontal line extending to the right.

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